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COVER PHOTO: Newborn Tylor Rowland, son of Courtney and Lucas Rowland of Bryan, is shown wearing the hospital-provided "This Side Up" onesie, reminding caregivers to practice Safe Sleep methods. See related story on page 3.

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DR. CLARENCE BELL

## Familiar face takes on new role

At the conclusion of 2014, Clarence A. Bell, MD, retired from Parkview Physicians Group in Montpelier as a family practice physician and joined Community Hospitals and Wellness Centers in Montpelier, serving as the medical director for the medical-surgical unit.

### LEAVING A FAMILY

Thirty-four and half years ago, Dr. Bell started the medical center that is now Parkview Physicians Group in Montpelier. "I'm very grateful for the support the community has given me over these years while I was in family practice," says Dr. Bell. "It was a great practice."

Taking care of multiple generations of the same family has been a highlight of his career as a family physician. "It has been my privilege to have had several four generational, and even a few five generational families in my practice," says Dr. Bell. "I miss my patients and my staff. I had a fantastic staff. For my patients, I felt like I was a part of their family. Not many people can say they belong to about 2,000 families, but I did. That was awesome, one of the things that I miss the most."

### A NEW ROLE

"Dr. Bell is a pleasure to work with and we are really excited he is here," says Nancy Conti, director of nursing at Montpelier Hospital. "He is a very well-known and respected physician in this community who brings with him a wealth of knowledge and skills to benefit our patients."

As medical director of the medical-surgical unit, Dr. Bell will work closely with Lawrence Kennedy, MD, medical director of rehabilitation, and Nurse Practitioner Kathy Khandaker. The beds in the Montpelier medical-surgical unit are called "swing beds," meaning that they can be used to provide either acute care or skilled care to patients. Patients with primarily medical issues are admitted to Dr. Bell while patients mainly in need of rehabilitation are admitted to Dr. Kennedy.

Taking on this new role is exciting for Dr. Bell. "I'm looking forward to a change in my career and a change of pace," says Dr. Bell. "This place is no stranger to me. I know the staff and they do nothing short of a spectacular job here. The staff is so helpful to both patients and the docs. I'm very proud to be a part of this team."

With the role of medical director, Dr. Bell will see patients as inpatients in a hospital setting, opposed to office visits as a family physician. "It's going to be nice to still see some of my own patients in my new role," says Dr. Bell. "And, it's nice to meet new patients. I'm meeting and taking care of patients I've never known and it's been nice to be able to do that."



Clarence A. Bell, MD



# Follow the ABCs of Safe Sleep

ALONE. BACK. CRIB.

T

he New Beginnings Birthing Center at Bryan Hospital has joined efforts with the Ohio Hospital Association and the Ohio Department of Health (ODH) to improve Ohio's infant mortality rate. According to the ODH, every week in Ohio three babies die in unsafe sleep environments.

The Safe Sleep campaign encourages hospitals, such as Bryan Hospital, to commit to educating parents, grandparents and all caregivers in the community to practice Safe Sleep for babies. At the forefront of the Safe Sleep campaign is promoting the ABCs of safe sleep.

"At the New Beginnings Birthing Center, we've started modeling safe sleep with the swaddlers," says Tammy Bernath, director of pediatrics and obstetrics at Bryan Hospital. "Before, we always gave a swaddler as a take-home gift supplied by the Hospital Auxiliary, but now we actually use them in the hospital instead of blankets. And have nothing else in the crib."

Sudden Unexpected Infant Death (SUID) is an accidental death caused by being in an unsafe environment. "Somebody rolls over on the baby, the baby gets their head covered by a quilt or wrapped up in a bumper pad — tragic," says Bernath.

According to Bernath, the previous generations can be the most difficult to get on board. However, knowing how to reduce accidental death is not something to take lightly. "My kids are older, so I had put them to sleep with all the bells and whistles in their cribs," says Bernath. "I say we got lucky. So if you put your baby to bed in an unsafe sleep situation and things go bad, you don't get to do that day over. Why chance it?"



## ALONE.

Babies should always be placed alone in a crib, bassinet or play yard. There should be nothing in the crib either, such as blankets, stuffed animals, pillows or bumper pads. The ODH says to never nap on a couch or bed while holding your baby.

Parents, grandparents and siblings should never share a bed with your baby. All babies should sleep alone. The other person in the bed could roll too close to or onto your baby while sleeping. Getting stuck between the mattress and the wall, headboard or footboard can be detrimental.



## BACK.

Babies should always be put to sleep on their backs. Contrary to what some believe, the ODH says healthy babies will naturally swallow or cough up their spit, so your baby will not choke while sleeping on his or her back.

Letting a baby sleep on his or her tummy can be dangerous. Infants do not have the neck strength to lift their heads should they need to take a deep breath. The baby's mouth or nose could be blocked and he or she could suffocate.



## CRIB.

Babies should always sleep in a safety-approved crib with a firm mattress covered by a fitted sheet. Safety-approved cribs will not allow a baby's hand or foot to get caught between crib railings. The crib should be void of bumper pads, blankets,

pillows and stuffed animals. According to the ODH, babies could suffocate on any extra items in the crib.

To keep your baby warm, instead of blankets in the crib use sleep clothing, such as fitted, appropriate-sized sleepers and sleep sacks.



Kari Shuck, RNC-OB, wraps newborn Tylor Rowland in a Safe Sleep recommended swaddler.

New  
Beginnings  
BIRTHING CENTER



**FOR MORE INFORMATION** or to schedule a tour of the New Beginnings Birthing Center, call **419-636-1131, ext. 14117.**



# MINDFUL EATING IS KEY TO NUTRITION



When dietitian Andrea Miller considers the sometimes-complicated world of nutrition, two words circle back into the conversation: balance and moderation.

“People want a list of foods they can and cannot eat,” says Miller, a registered dietitian at Community Hospitals and Wellness Centers (CHWC). “I’ve never told anyone that there’s a food out there they can’t eat. It’s all about moderation and portion size. The most important thing is mindful eating instead of mindless munching.”

Even healthy foods have a limit, Miller warns. “Just because whole grain pasta is healthier doesn’t mean a heaping plateful is good for you. Even fruits and veggies shouldn’t be eaten in excess.”

Instead, Miller suggests following the USDA’s MyPlate method. MyPlate recommends filling half your plate with fruits and veggies, a quarter with protein, the last quarter with whole grain, and a side of dairy. “If you choose the most natural, minimally-processed forms of each, you’ve got a great balanced meal,” Miller says.

It’s true that healthy eating can take some planning ahead, but Miller says that even a tentative menu planned for the week ahead is manageable for most people. Slow cookers and cooking in bulk also make for easy, wholesome meals. “When you’re grilling chicken, make a little extra and think of creative ways to use your leftovers. When you make a casserole on the weekend, make two and freeze one for a busy night down the road when you won’t have time to cook.”

## RECOMMENDATIONS FROM THE EXPERTS

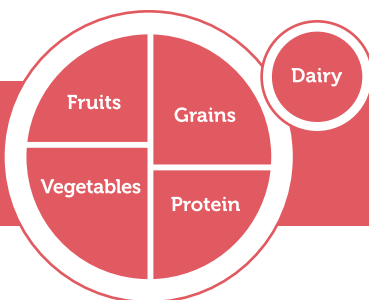
### GRAINS

- » Whole grains (versus refined grains) are great sources of fiber, iron and B vitamins.
- » Select a bread with 100 percent whole wheat flour listed as the first ingredient on the packaging. Breads that boast “multigrain,” “stone-ground” and even simply “wheat flour” are refined and stripped of the nutrients found in whole grains.
- » By flavoring plain old-fashioned oatmeal yourself with sweeteners, fruits and nuts, you’re in control of how much sugar you consume first thing in the morning.



Bryan Hospital Kitchen Manager Angie Pelland prepares strawberry rhubarb compote. See recipe on page 5.





**GET MORE INFORMATION** on healthy eating at [chwchospital.org/food](http://chwchospital.org/food), [choosemyplate.gov](http://choosemyplate.gov) and [heart.org](http://heart.org).

» Healthy whole grains include brown rice, wild rice, barley, quinoa and buckwheat. Various quick-cook whole grains are readily available at most grocery stores, making healthy eating that much more convenient.

### PROTEIN

- » According to the American Heart Association, most people can enjoy five to six eggs per week as part of a healthy, balanced diet — individuals with heart disease should limit their egg yolk intake to no more than four per week.
- » The American Heart Association recommends two or more servings of fish per week, particularly fatty fish like salmon, lake trout and albacore tuna.
- » Beans are quick to prepare and are loaded with protein and fiber.
- » A handful of nuts or a couple tablespoons of peanut butter will fill you up and boost your energy during that midday slump.
- » Lean meats like skinless chicken breast and ground turkey are healthy sources of protein.

### FRUITS AND VEGETABLES

- » Convenient frozen and pre-cut produce is available at most grocery stores.
- » Find a low-calorie veggie dip or make your own with sour cream or Greek yogurt. CHWC's cafeterias serve a dip made simply with low-fat sour cream and dry ranch mix that's just 40 calories per quarter cup.
- » Miller advocates preparing fruits and veggies in various ways to enjoy the many tastes of each. Roasting, she says, brings out the natural sweetness of vegetables that gives you a completely different flavor experience.

### DAIRY

- » Skim or 1 percent milk fills you up and contains nutrients that can reduce your risk of chronic illnesses like diabetes and heart disease.
- » A stick of string cheese or a half cup of low-fat cottage cheese are great snacks and sides.
- » Pick a yogurt with the Live & Active Cultures seal to ensure you're getting the full benefits of a healthy yogurt. Avoid excessive sugars and additives by flavoring plain yogurt with honey, agave nectar or fruit.



## ROASTED SPRING VEGETABLES

### INGREDIENTS

12 radishes	1 teaspoon dried thyme
12 baby carrots	1 teaspoon dried rosemary
½ cup sweet bell pepper (any color), cut into chunks	3½ tablespoons olive oil
½ cup fresh mushrooms, halved	Salt and black pepper to taste
	½ lemon

### DIRECTIONS

- 1 Preheat oven to 450 degrees F.
- 2 Toss vegetables with olive oil, herbs, salt and pepper.
- 3 Spread on a baking sheet, roast for 20 minutes.
- 4 Flavor with lemon juice to taste and serve.

Servings: 5 // Calories per serving: 98 // Fat per serving: 10 g  
Carbohydrates per serving: 3 g // Protein per serving: 0.5 g

## STRAWBERRY AND RHUBARB COMPOTE

### INGREDIENTS

1 tablespoon butter	1 pound strawberries, cut into chunks
1 pound rhubarb, chopped	
3 tablespoons honey	Zest and juice of 1 orange

### DIRECTIONS

- 1 Melt butter in a saucepan over medium heat.
- 2 Add rhubarb and sauté in butter until softened, about 5 minutes.
- 3 Stir in strawberries, honey, juice and zest. Reduce the heat to medium-low and continue to cook until the berries are softened, about 3–4 minutes.
- 4 Serve over yogurt.

Servings: 6 // Calories per serving: 89 // Fat per serving: 2 g  
Carbohydrates per serving: 16.5 g // Protein per serving: 0.5 g

*Mindful Eating*

# New therapies for PARKINSON'S are changing lives



Here's good news at Community Hospitals and Wellness Centers (CHWC) for people with Parkinson's disease and other neurological disorders. Therapists serving the Montpelier and Bryan locations have been certified for the LSVT BIG® and LOUD™ programs. The goal of these research-based exercise programs is to help patients improve their gait, function and speech.



Joshua Parrott, physical therapist certified in LSVT BIG shows Montpelier Hospital volunteer Ruth Cooley BIG movements from the program.

## THE BIG PROGRAM

People with Parkinson's tend to shuffle when they walk, and that feels like normal walking to them — their brains provide faulty feedback relating to movement. "One of the goals of the BIG program is to make patients more aware of the smaller motions that they're making," notes Joshua Parrott, PT, DPT, who is certified in LSVT BIG. "We help them understand that they have to make larger movements to appear 'normal' or appropriate. The program emphasizes high effort, intense movements that are BIG."

After completing the BIG program, patients with Parkinson's find it easier to do everyday activities, like getting up out of a chair, going up stairs or getting out of bed. Their walking speed and the length of their steps get better, and balance and safety improves.

"The BIG program affects patients' neuroplasticity, or how their brains change," Parrott explains. "With these exercises, we can help the brain adapt by creating new neural pathways and possibly slow the progression of the disease."

## THE LOUD PROGRAM

Similarly, Parkinson's patients often develop voice and speech problems that make it difficult for them to be understood in conversation and can lead to social isolation. "Patients with Parkinson's who speak very softly believe they are using a normal loudness level — that's what their brains are telling them," says Jennifer Witte, M.Ed. CCC-SLP, who is certified in LSVT LOUD. "The LOUD program helps them learn the effort required to produce a normal loudness level during speech. And when you increase the volume, the clarity of speech automatically improves; that effort makes the precision better."

"It is the neatest thing to see patients improve and hear a difference in them. It's incredible!" she adds.

Demonstrating LOUD »  
program activities, Montpelier Hospital volunteer Lorna Myers reads to Jennifer Witte, speech therapist certified in LSVT LOUD.



## GET STARTED RIGHT AWAY

Both BIG and LOUD are intense therapy programs with one-hour sessions four days a week for four weeks in a row. Each also requires daily homework. Both Parrott and Witte stress that the earlier patients with Parkinson's get started on learning these new techniques and skills, the better off they'll be.

A referral from a health care provider for physical and/or speech therapy is required to participate in these programs. Get more information about the LSVT BIG and LOUD programs and check out before and after videos at [www.LSVTglobal.com](http://www.LSVTglobal.com). To make an appointment, call the rehab services department in Bryan at 419-630-2117 or in Montpelier at 419-485-6475.



ICU/TCU registered nurses Maggie Miller, left, and Kelly Woodring practice bedside reporting.

Registered nurses Melissa Schlachter, left, and Becca Altman demonstrate bedside reporting on the medical-surgical unit.

SAFER CAREGIVING

# Bedside reporting

**P**atients in Bryan Hospital's ICU/TCU and medical-surgical units are feeling safer and more in the loop about their health.

This is thanks to a big change in the way nurses report on them. Instead of writing a report at the nurses' station, nurses have switched to bedside reporting, which means they can ask the patient questions, and patients — and their families — can make additions and comments.

"We were trying to find a way to improve safety for our patients and improve communication between nurses so they had the whole story; and we were trying to make it more efficient," says Kasey Grime, ICU/TCU director.

Bedside reporting began under the hospital-wide Process Improvement program, during which departments looked at what they could be doing better. Bedside reporting was the ICU's second initiative, following one that improved the accuracy of reporting patient intakes.

The bedside reports began last June. Since then, patient satisfaction scores after discharge in both departments have jumped from 79 percent to 95 percent. Patients also favor the instruction and explanations from nurses using this method, and positive

"We've also put white boards in rooms to improve communication. They feature the nurse's name, the date, when the next pain medication is due, for example. Some physicians draw pictures to help explain things. The white boards are updated for every shift."



ratings for that increased from 69 percent to 91 percent. Nurses are happier with the process too; their satisfaction has improved from 70 percent to 92 percent.

The new system means less work and less repetition for nurses. Reporting is done using a bedside report tool, which is a paper document, and information on the computers.

"We complete a tool on every patient while they're here," Grime says. "We've put a lot of safety measures on that tool — such as if the patient is a fall risk — and we do a checklist that includes looking at incisions and IV lines, and assessing patient rooms for safety." Each nurse using this tool simply updates it rather than rewriting everything.

"Now patients can hear the conversation about their health and can make changes to

anything that doesn't sound accurate. They can be sure correct information is being passed on. It makes them feel safer in a situation where they may feel vulnerable," points out Grime.

Says Tiffany Kennerk, RN, BSN, ONC, the medical-surgical director, "This has really improved communication among nurses and between nurses and patients."

The hospital is trying to create a team approach, Kennerk explains, which includes the nurses, physicians and patients. "We've also put white boards in rooms to improve communication. They feature the nurse's name, the date, when the next pain medication is due, for example. Some physicians draw pictures to help explain things. The white boards are updated for every shift."

← Safer Caregiving →



# EDUCATION REDUCES anxiety IN PREPARING FOR surgery



Community Hospitals and Wellness Centers  
BRYAN | MONTPELIER | ARCHBOLD

433 W. High St.  
Bryan, OH 43506-1690

**F**or patients, one frequently overlooked step in preparing for surgery is to get psychologically and emotionally ready for what's to come. Often overshadowed by the inevitable worries and by making arrangements prior to the operation, it's been found that education can empower patients and significantly reduce their anxiety.

For the past year, Bryan Hospital has been offering one-on-one services to patients who will soon be undergoing breast cancer surgery. During these meetings, patients talk with oncology certified nurses (OCNs) about what to expect before, during and after surgery. Equally important, however, is that they are able to engage in an open — often emotional — dialogue.

Brenda Schofield has been an OCN at Bryan Hospital for 11 years, and is one of the nurses who meets one-on-one with patients prior to surgery. “When people come to me, they have been through a lot of stress and uncertainty,” says Schofield. “People who are faced with something like cancer can feel as if they have lost a lot of control in their lives. But this gives control back to them.”

During the one-on-one classes, patients learn about the cancer itself, meet with a physical therapist to discuss strength-building during recovery and are connected with resources and support to help them through the entire process.

“Nowadays, people want to be more involved in their health care. This is a great program that does just that,” Schofield notes. “I’ve been able to establish meaningful connections with patients from their first days at the hospital to recovery and all the points in between.”



Oncology certified nurses Deb Baker, left, and Brenda Schofield look over educational materials that are used during breast cancer one-on-one services.

